

Workshop Evaluation

Date: _____ Location: _____

Presenter(s): _____

Your School District: _____

Your Job Title: _____

Please rate each of the following statements on a scale of 1-4. (Rating scale: 4=high to 1=low) If not applicable, mark n/a.	High			Low	
	4	3	2	1	n/a
1. The presenter was knowledgeable about the content presented.					
2. The materials, training, and time were sufficient to complete the tasks/activities.					
3. The content of this presentation will increase my knowledge and skills in my role in my school district.					

4. Knowledge or skill I learned from this presentation that will impact student achievement in my classroom or in my school district in this way:

5. As a result of this presentation, I have a better understanding of:

6. The knowledge or skill I learned from this presentation will enable me to:

7. I would be interested in scheduling a workshop on the following topics:

8. Comments: